

5. No. 300
10. 48

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25486

96
2
3

BIRTH NO. 54317-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3013 Registrar's No. 1756

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4064 Arsenal Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Infant</u>	a. (First)	b. (Middle)	c. (Last) <u>Shormas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1949</u>
---	------------	-------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Nil</u>	8. DATE OF BIRTH <u>July 24 1949</u>	9. AGE (In years last birthday) <u>2 1/4</u> (If under 1 year: Months) (If under 12 months: Days) (If under 24 hours: Hours) (If under 60 minutes: Minutes)
----------------------	-------------------------------	---	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	---	---	--

13a. FATHER'S NAME <u>George Shormas</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Gargan</u>	14. NAME OF HUSBAND OR WIFE <u>Nil</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>George Shormas</u>	ADDRESS <u>4064 Arsenal Street</u>
--	-------------------------	---	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - 6 3/4 mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>976h</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spina bifida bladder. An perforate anus + vagina</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 7/24, 1949, to 7/24, 1949, that I last saw the deceased alive on 7/24, 1949, and that death occurred at 10:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert A. M... M.D.</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand Ave</u>	23c. DATE SIGNED <u>7/25/49</u>
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-25-49</u>	REGISTRAR'S SIGNATURE <u>Herbert A. M... M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u>	ADDRESS <u>1926 Allen Av</u>
---	---	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.